

**CITY OF MINNEAPOLIS  
TARGET MARKET PROGRAM  
Request for Appeal Form**

**Business Name:** \_\_\_\_\_

I am the owner of the above-mentioned business and I wish to appeal the City of Minneapolis' decision to decline participation of my business in the Target Market Program for the following reason(s) - (Please explain):

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Appeals must be received by the City ***no later than 15 days after the date of the notification*** by Procurement.

You will receive a letter notifying you of the date, time and location of the hearing.

***Mail completed form to:***

**[TargetMarket@Minneapolismn.gov](mailto:TargetMarket@Minneapolismn.gov)**

**OR**

City of Minneapolis-Procurement  
505 4<sup>th</sup> Ave S – Room 310  
Minneapolis, MN 55415